Entered - 02/09/01 - sb CL01L0093 - DIANNE C. MITCHELL

CLAIM OF: PHYLLIS D. BETTERSON 3113 Rose Heath Lane Lithonia, Georgia 30038

01-2 -0382

For damages alleged to have been sustained as a result of a sewer back up on March 30, 2000 at 1656 Westwood Avenue, SW.

Lowell

THIS ADVERSED REPORT IS APPROVED

DEPUTY CITY ATTORNEY

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FORM 2

Policy No. (driver's name) (department/bureau) (telephone number) 770-323-0280 770-808-6620

COUNCIL OF THE CITY OF ATLANTA RE: CLAIMFOR DAMAGES MUNICIPAL CLERK City Hall Today's Date: Jan. 24 55 Trinity Avenue, S.W. Atlanta, Georgia 30335 JAN 3 0 **200**1 Dear Municipal Clerk: ENTERED - 2-9-01 - SBThis is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 425 00 _ bodily injury for which I contend the City is liable. (este) 1. Date of incident: March arch 30, 2000 (month/day/year) 1656 WESTWOOD AUE. S.W., A HANTA 3. Location of incident: 4. Name of your insurance company: State JARM 5. State what and how incident occurred: Sewer line backed up and flooded my basement with approximately 3 feet of raw sewage. After contact with the City of Allanta Sewer Dept, Mr. Callahan a crow was dispatched for repair of the street sewer line and for removal, clean up and sanitizing of my basement. This backup caused damage to the furnace, water heater and miscellaneous household, tems. All of these items were thrown away (household items) 9. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FAISE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). Your vehicle: (year) (tag number) City vehicle: (City driver's name) (address) The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on benalf of the City of Atlanta and/or its employeets). I This claim should be mailed immediately to the address shown above. HEREBY SWEAR OR AFFIRM THAT THE ABOVE NECRMATION IS TRUE AND CORRECT. 01-/2 -0382

PLEASE SEE ATTACHMENT

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3113 Rose Heath Lane Lithonia, Georgia 30038 01-2 -0382

For damages alleged to have been sustained as a result of a sewer back up on March 30, 2000 at 1656 Westwood Avenue, SW.

THIS ADVERSED REPORT IS APPROVED

ROBERT N. GODFREY

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>01L0093</u>	Date: <u>February 21, 2001</u>
Claimant /Victim PHYLLIS D. BETTERSON	
RY: (Atty)(Ins. Co.)	
Address: 3113 Rose Heath Lane, Lithon	ia, Georgia 30038 423.00 Bodily Injury \$
Subrogation: Claim for Property damage \$	423.00 Bodily Injury \$
Date of Notice: 01/30/01 Method: Writ	ten, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X	Ante Litem (6 Mo.)
Date of Occurrence 03/30/00 Place	: 1656 Westwood Avenue, SW
Department Public Works Division:	Sewer Operations
Employee involved	Disciplinary Action:
	···
claim as presented does not comply with the requirement	operty was damaged due to a sewer back up. However, the
statute of limitations expired prior to receipt of the alain	s of notice as set forth in O.C.G.A. §36-33-5, the six month
statute of limitations expired prior to receipt of the clair	<u>n. </u>
INVESTIGATION:	
Statements: City employee Claimant	OthersOralOral
Pictures Diagrams Reports: Police	Dept Report Other
Traffic citations issued: City Driver	Claimant Driver
Citation disposition: City Driver	Claimant Driver
BASIS OF RECOMMENDATION:	
Function: Governmental X	Ministerial
Improper Notice More than Six Months	Ministerial Damages reasonable
City not involved Offer rejecte	ed Compromise settlement
Repair/replacement by Ins. Co	Renair/replacement by City Forces
Claimant Negligent City Negligent	Repair/replacement by City Forces
on regingent	Claim Abandoned
	Respectfully submitted,
	// pun dullay
\	INVESTIGATOR - DIANNE C. MITCHELL
RECOMMENDATION:	
Pay \$ Adverse X///A	ccount charged: 1A01 2J01 2H01
Claims Manager: ////////////////////////////////////	ccount charged: 1A012J012H01 Concur/date2Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-
Committee Action:	Council Action
FORM 23-61	

RE: CLAIMFOR DAMAGES Today's Date: Jan. 24 2001

home number)

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK

City Hall

PLEASE SEE ATTACHMENT

Dear Municipal Clerk: ENTERED - 2-9-01 - 5B OILD033 - DIANK MITCHELL AND peoperty and/or \$ Doddy unusy for which I contend the City is liable. Date of incident: March 30 Jarp	Atlanta, George		JAN 3 0 2001		,	
ENTREED - 2-9-01 - SB OILLOUPS — DIANNE MITCHELL 123 00 property and/ors — bodily injury for which I contend the City is liable. Date of incident: March 30 2000 — 2. Police called: Yes No B. Location of incident: 1656 Westwood Auc. S.W., Atanta, GA 30316 Name of your insurance company: State Take Policy No. State what and how incident occurred: Secure like backed up and Abuded and basement with approximately 3 Rept of the Secure like backed up and Abuded and basement with approximately 3 Rept of the Secure like backed up and Abuded and basement with approximately 3 Rept of the Secure like backed up and Abuded and basement with approximately 3 Rept of the Secure like backed up and Abuded and basement with approximately a reput of the Street Secure like and reput and sometime of purpoximately and sometime of the Secure like and reput and sometime of the Secure like street secure like and like the following and attach like the claim actual (household in India) ALLESTIMATES AND DAMAGES ARE SUBJECTTO INSPECTION. THE MAKING OF FAI SECLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION The registered owner must make the claim for vehicle damages, complete the following and attach two (2) stimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). Your vehicle: (make) (year) (tag number) (driver's name) City vehicle: (make) (City driver's name) (department/bureau) Witness: (name) (City driver's name) (department/bureau) HEREBY SWEAR OR AFFIRM THAT THE ABOVE (Character) (Claimant's name) HEREBY SWEAR OR AFFIRM THAT THE ABOVE (Claimant's name) Claimant's name: (claimant's name) ALL All Aboved (City and state) SITUATION IS TRUE AND CORRECT. (claimant's name)	Dear Municipe	ıl Clerk:		Name of the second seco	in installed y.)
Date of incident: March 30, 2000 (month/day/year) 2. Police called: Yes No 3. Location of incident: 1656 Westwood Aut. S.W., Atlanta, GA 3031. Name of your insurance company: State Talk Policy No. State what and how incident occurred: Sewer line backed up and flowded my hose ment with approximately 3 feet of the sewer line backed up and flowded my hose ment with the City's intends sewer line, and for the march of the sewer line and for the pair of the street sewer line, and for the march of the march of the course flower line, and for the march of the course flower line, and for the march of the course flower line, and for the march of the course flower line, and for the march of the course flower line, and for the march of the course flower line, and for the march of the course flower line, and for the march of the course flower line, and for the course flower line, and the course flower lin	This is to notify	the City of Atlanta	that I have suffered oursury for which I con	01L0093 - DIANNE	MITCHELL 173	OD property
Name of your insurance company: State what and how incident occurred: Secure line backed up and Phoded my buscment with approximately 3 feet of raw sewage. After conduct with the Grigal intends sewer line backed up and Phoded my buscment with approximately 3 feet of raw sewage. After conduct with the Grigal intends sewer line and for report of the street sever line and for furness, action up and sentraling of my buscment. This backed caused drawage to the fundate, water heater and miscellaneous household farms. At of these than over all estimates and Damages are subjected items. ALLESTIMATES AND DAMAGES ARESUBJECT TO INSPECTION. THE MAKING OF FAI SECLAIMS WILL ALLESTIMATES AND DAMAGES ARESUBJECT TO INSPECTION. THE MAKING OF FAI SECLAIMS WILL ALLESTIMATES AND DAMAGES ARESUBJECT TO INSPECTION. THE MAKING OF FAI SECLAIMS WILL ALLESTIMATES AND DAMAGES ARESUBJECT TO INSPECTION. THE MAKING OF FAI SECLAIMS WILL ALLESTIMATES AND DAMAGES ARESUBJECT TO INSPECTION. THE MAKING OF FAI SECLAIMS WILL ALLESTIMATES AND DAMAGES ARESUBJECT TO INSPECTION. THE MAKING OF FAI SECLAIMS WILL STIMATES AND DAMAGES ARESUBJECT TO INSPECTION. THE MAKING OF FAI SECLAIMS WILL ALLESTIMATES AND DAMAGES ARESUBJECT TO INSPECTION. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). Your vehicle: [make] [year] [tag number] [driver's name] The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Allanta, as granted by state raw, nor is if an admission of liability on benail of the City of Allanta and/or its emproveets). This claim should be mailed immediately to the address shown above. HEREBY SWEAR OR AFFIRM THAT THE ABOVE [High of the City of Allanta and/or its emproveets]. Lithogal Call State City and state.	1. Date of incid	dent: March (month/de	30, 2000 ay/year)	2. Police called	: Van No	
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